Equity in Information Retrieval

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During the month of October, CADTH marks Canadian Library Month and recognizes the work of medical librarians through National Medical Librarians Month (sponsored by the Medical Library Association in the US). With World Evidence-Based Healthcare Day also falling on October 19, and exploring the theme of evidence and global health equity, we have an important opportunity to reflect on the role of medical librarians in advancing equity considerations in evidence.

Information retrieval in health technology assessment (HTA) is often called one of the building blocks of HTA. Teams of librarians and information specialists bring unique expertise and strategic approaches to information retrieval to their teams. Systematically finding the best available information and employing strategies to reduce the bias in the evidence base are key roles librarians and information specialists bring to medical research.

Librarianship intersects with issues of equity, diversity, and inclusion in different ways. It is critical that HTA librarians employ methods that help to ensure equity considerations are adequately incorporated into overall research methodology. This is accomplished through various means:

- **Inclusion of relevant sources of evidence**: By understanding the landscape where data reside, librarians can identify gaps in the content of mainstream sources and seek out other sources that provide perspectives from underrepresented populations. Many communities do not have opportunities to publish in mainstream research channels, such as major biomedical journals that are indexed in databases. Librarians attempt to capture this evidence in other ways, such as handsearching nonindexed journals; searching for grey literature; conducting thorough internet searches for self-published works; incorporating other data sources like patient and disease registries; and highlighting to research teams where evidence is held in communities, through oral histories, lived experiences, teaching, and mentoring.

- **Finding the evidence**: Searching for relevant literature requires an understanding of how various topics are described in the literature. Equity considerations can be described in different ways and shift within the added context of specific populations and interventions. Librarians bring equity to searching by gathering the breadth of synonyms and phrases used to describe health disparities and inequities, to help capture information from and
about impacted communities. Our expert search skills allow for comprehensive inclusion of equity considerations. Along with peer review of the literature search strategies, refining equity concepts and using search filters help produce efficient and effective searches for research teams.¹

• **Access to evidence:** A core value of librarianship is bridging access to information. A mix of paywalled and open-access systems are used to access the evidence for HTA. Our librarians create pathways to access this information in sound, logical, and efficient ways, all while ensuring that creators’ rights of ownership are respected.

• **Critical appraisal of information systems:** In our increasingly digital world, technology can emphasize biases and inequities that already exist, or even create new ones. Librarians are often on the cusp of advances in information technology and play a role in curating digital solutions within their organizations. It is essential that there is transparency in how our digital systems analyze data and that users have proof that the analyses are valid and reproducible.

In the face of the ever-growing complexity of medical literature, continuing to adapt to address a lack of equity in information sources is one of the most critical challenges facing medical librarians. The key skills of expert search and analysis, effective information management, and vetting of artificial intelligence (AI)–generated information will help HTA organizations responsibly implement solutions that will help make the process of evidence retrieval more equitable.

**Reference**